

## NORTH CAROLINA PRIVATE PROTECTIVE SERVICES BOARD



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Your Name					
First			Middle	Last	
ddress					
	Street & Number		City	State	Zip Code
elephone ( )		E-m	ail Address		
Complaint Aga	inst:				
Jame of Licensee					
Company					
Address					
	Street & Number	City	State	Zij	o Code
Telephone ( )					
Date(s) of Alleged V	violation				
ocation of Alleged	Violation				
Are there any witnes	sses? Yes No	If yes list their r	name(s), address(es) an	d telephone numb	er(s)·
Explain the nature of	f your complaint in detail (yo	u may attach additiona	ıl sheets):		
ndividual you are o	TE: In accordance with complaining about along witt all statements and allegation	th any attachments y	ou submit with this c	omplaint.	this form will be sent to the
c:-	gnature of Complainant				Date
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